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ABSTRACT

A study was made of relationships between particular family dynamics and the well-being of children with disabled siblings. Attention focused on the relation to children's adjustment of three issues emphasized in the literature: (1) children's family responsibilities, including sibling caregiving and household tasks, which may be more demanding for children with disabled siblings; (2) potential stresses arising from the sibling relationship; and (3) feelings of rivalry that may arise in children due to the preferential treatement disabled siblings appear to receive from parents. A total of 62 youngsters of 8-14 years of age and their mothers were interviewed. Half of the youths had a younger mentally retarded sibling; and half had a younger nondisabled sibling. Findings suggest that children's lives are altered in a number of important ways when they grow up with disabled siblings. Data suggest a picture of resilience rather than of vulnerablity. Although some children may be troubled about extra family responsibilities, sibling conflict, or feelings of jealousy and rivalry, these factors generally did not account for substantial variability in children's adjustment. (RH)

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Sibling Relationships and Adjustment in Children with Disabled and Nondisabled Brothers and Sisters

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Sibling Relationships and Adjustment in Children with Disabled and Nondisabled Brothers and Sisters

The daily lives of children may be altered in significant ways when they grow up with a disabled sibling, and these experiences may have important consequences for children's well-being and development. Indeed, researchers and clinicians have identified phenomena common to all sibling relationships including sibling caregiving experiences, sibling conflict, and rivalry or jealousy between brothers and sisters, phenomena which may be especially salient to children with disabled siblings, and which may have important implications for children's adjustment.

Although the literature provides anecdotal evidence about the potential problems children encounter in their relationships with disabled siblings, there have been few attempts to provide empirical documentation of such experiences or to establish the linkages between sibling relationship dynamics and children's adjustment. Rather, previous research has tended to focus on "status variables" such as birth order, gender, or age and their relationship to children's adjustment. Although a few generalizations can be gleaned from this literature, the variability in family dynamics (that is independent of status variables) is probably responsible for the inconsistent results reported across studies. Even more problematic is the fact that research strategies which focus on status variables provide little information about the processes through which adjustment difficulties develop, and thus, few insights about viable intervention approaches. Such observations are the foundation for the research reported here.

Specifically, our goal was to begin to establish empirically the links between particular family dynamics and the well-being of children with disabled siblings. We have focused on three issues emphasized in the literature:

(1) Children's family responsibilities, including sibling caregiving and household tasks, which may be more demanding for children with disabled siblings;

(2) the potential stresses arising from the sibling relationship itself, including conflictual interactions between siblings and the ways in which children cope with such difficulties;

(3) the feelings of rivalry that may arise in children due to the "preferential" treatment siblings appear to receive from parents.

We were interested in how each of these phenomena was related to children's adjustment.

To investigate these issues we interviewed 62 youngsters between 8 and 14 years of age and their mothers. The children averaged between 11 and 12 years of age. Half of these youngsters had a younger mentally retarded sibling, and the other half a younger nondisabled sibling (see Table 1). Older children averaged between 11 and 12 years of age, and their younger siblings between 7 and 8 years of age.

In home interviews we questioned children and mothers about the sibling relationship including the extent of conflict and affectionate exchanges that occurred as well as how children coped with problems that arose with their siblings. We also obtained data on the nondisabled children's well-being. During the two to three weeks subsequent to these home interviews, each family also was telephoned on seven evenings

shortly before the children's bedtime. During these calls, children reported on all of their activities with the younger/disabled sibling that day (e.g., caregiving and play activities). Mothers reported separately on their activities with the older and younger child and on the household tasks each child had performed during the day of the call (see Table 2).

Insert Tables 1 and 2 about here

Adjustment Problems of Children with Disabled Siblings

We first examined the adjustment of girls and boys with and without disabled siblings. Group comparisons revealed that children with disabled siblings scored more poorly on almost every measure of "internalized" adjustment problems, with girls tending toward poorer adjustment than boys on some measures. We should point out, however, that in almost all cases the poorer scores of children with disabled siblings were far from clinical cut-off scores; only a handful of children in this group (<10%) reported problems that would be considered clinically significant. No children from the comparison group, however, reported problematic levels of adjustment (see Table 3). These findings are consistent with previous work showing that older sisters of disabled children may be at greater risk for adjustment problems. Most importantly, however, these data reveal variability among children with disabled siblings: growing up with a handicapped brother or sister does not necessarily dispose a child to adjustment disorders.

Insert Table 3 about here

The "Burden of Care"

In exploring the possible bases for individual differences in adjustment we first tested the idea that the burden of sibling caregiving or other family responsibilities might be associated with emotional or behavioral disorders (McHale & Gamble, in press). Group comparisons of children's daily activities (see Table 4) revealed that, in terms of activities with their brothers and sisters, children with disabled siblings (and girls) spent more time in caregiving activities, though there were no significant differences in the total amount of time spent with siblings. Additionally, children with disabled siblings (and again, girls) spent more time on households tasks. When we examined the correlations between children's daily activities and the well-being measures, however, we found only one significant correlation: the duration of caregiving was modestly related to children's reports of anxiety symptoms ($r = .26$, $p < .05$).

Insert Table 4 about here

Although other investigators have also found that children with disabled siblings engage in more caregiving, to our knowledge this is the first study to have actually tested the often-expressed concern that the burden of caregiving gives rise to adjustment problems. Our data suggest that, overall, the amount of time spent in caregiving or household tasks, in itself, accounts at best for only a small portion of the variance in

children's adjustment. We found some evidence of stronger correlations between caregiving and adjustment problems for girls with disabled siblings considered separately (Mutchler, 1987), but given the small sample size of this group (n = 14), such results must be considered tentative pending replication. Additional directions for future research would be, first, to measure children's subjective evaluations of task performance such as how stressed they feel about their responsibilities. In addition, it would be important to measure potential positive consequences of assuming family responsibilities such as children's social cognitive maturity.

Coping with Sibling Conflict

A second possibility we considered was that the stresses of problematic sibling interactions might give rise to adjustment problems. Some writers have suggested, for example, that sibling conflict might be a special concern for children with disabled brothers and sisters given their siblings' possible delays in social development or communication difficulties. Contrary to these expectations, and consistent with results of previous work on other samples of children (McHale, Sloan, & Simeonsson, 1986; Ogle, 1982), group comparisons revealed that children with disabled siblings appear to have more harmonious sibling relationships: both these children and their mothers reported less hostility and less physical aggression between the siblings, and children with disabled siblings also reported higher levels of satisfaction with how they got along with their siblings (see Table 5). When we examined the correlations between experiences of sibling negativity and children's adjustment we found modest, though consistent associations (r's range from .20 - .30, $p < .05$).

Insert Table 5 about here

The size of these correlations suggested to us that other factors may mediate the associations between sibling conflict and children's adjustment. Researchers studying stress and adaptation, for example, have argued that the individual's ability to cope with stressful events may be more closely linked to adjustment than the actual frequency of such events. To explore this possibility, we examined in detail children's descriptions of stressful sibling experiences and their strategies for coping with such events (Gamble, 1983; Gamble & McHale, in press). One important finding from this work was that particular coping strategies children employed were linked with both the children's well-being and their evaluations of their sibling relationship.

Specifically, children who more often used a strategy we termed "other-directed cognitions" in response to sibling conflicts (e.g., thinking one's brother "is a creep") reported more adjustment problems and more negative evaluations of the sibling relationship (see Table 6). In contrast, children who more often used "self-directed cognitions" (e.g., working to ignore a problem) reported better adjustment and more positive sibling relationships. In line with the research literature on learned helplessness, our analysis is that a strategy involving self-directed cognitions, thoughts which tend to be aimed at resolving negative emotion, may give children a greater feeling of control. In contrast, other-directed cognitions seem to involve children's ineffectual "fuming" at others who are in control of the situation. We should point out that children with disabled siblings tended to use such

ineffective strategies more often. Thus, these results suggest that one potential intervention strategy for some children with disabled siblings may involve cognitive behavioral therapy directed at changing the ways in which these children think about stressful sibling interactions. Research on stress and coping in children, in general, is in its very early stages. We believe this may be a particularly fruitful line of inquiry for investigators studying children with disabled siblings.

Insert Table 6 about here

Differential Treatment by Parents

Our third notion about the correlates of children's adjustment problems focuses on feelings of rivalry that may arise when parents behave in preferential ways toward a sibling (Pawletko, 1988). For example, the special demands involved in caring for a disabled child may mean that parents must devote a large portion of their time and attention to that child, leaving less for other children in the family. In addition, physical, cognitive, and social limitations of disabled children may mean that these children are not subject to the same standards of behavior as nondisabled siblings in the family. In short, parents' differential treatment may occur in a more extreme form in these families, giving rise to stronger feelings of jealousy and rivalry in nondisabled children, with negative implications for children's adjustment.

To address these issues, we examined four dimensions of mothers' differential treatment of older and younger siblings: (1) differential temporal involvement measured in terms of mothers' shared activities with

each child; (2) differential household responsibilities assigned to the older and younger child; (3) differential discipline styles employed by mothers toward the two children in response to sibling conflict; and (4) children's satisfaction with their parents' differential treatment. Analyses revealed that for the first three dimensions of differential parenting, there were greater discrepancies between the treatment of younger disabled children and their siblings than there were between younger and older siblings in the comparison group (an effect signified by the significant Group x Status interactions in Table 7).

First, in regard to mother-child joint activities, younger disabled children spent more time with their mothers than did any other group of children. Mothers appeared to compensate for the extra time they spent with their disabled children, however, by also spending more time with their older children relative to mothers in the comparison group. These findings are consistent with expectations advanced in the literature in demonstrating that children are "deprived" of maternal contact relative to their disabled siblings. Our concern about these children should be attenuated, however, when we consider that they actually spend more time with their mothers than do other children their age. Feelings of sibling rivalry may not arise when children spend sufficient amounts of time with their mothers--even when their mothers spend more time with younger brothers or sisters.

Turning to siblings' differential household responsibilities, we find results consistent with the literature. Children with disabled siblings receive the least favorable treatment: they perform the most tasks and their siblings, the fewest. On the other hand, in regard to maternal discipline it is disabled children who receive the least

favorable (though developmentally appropriate) treatment (i.e., fewer positive love and more negative love strategies). In this case children with younger disabled siblings receive preferential treatment, whereas children with younger nondisabled do not (i.e., they and their siblings are treated similarly). Finally, and possibly most importantly, there are no group differences in older children's satisfaction with differential treatment. Even though differential treatment is more pronounced in families of disabled children, many children may be able to justify such differential parent behavior given the special needs of their disabled brothers or sisters. The importance of children's own perspectives about differential treatment is illustrated in the results of correlational analyses: children's satisfaction with differential treatment is most consistently associated with measures of children's adjustment and their evaluations of the sibling relationship.

Insert Tables 7 and 8 about here

Conclusions

In brief, our findings suggest that children's lives are altered in a number of important ways when they grow up with disabled siblings. Our data, however, suggest a picture of resilience rather than vulnerability to what seem to be significant changes in children's family roles and experiences. Although some children may be troubled about extra family responsibilities, sibling conflict, or feelings of jealousy and rivalry, these factors generally did not account for substantial variability in children's adjustment. This is probably to be expected given that most of the children in this sample did not display major adjustment problems.

One significant limitation of this study is that we have not investigated the extent to which the special experiences of children with disabled siblings may affect their development (we have only measured adjustment). In future research, it will be especially important to measure potential areas of special growth exhibited by these youngsters, including such phenomena as moral development and social and affective perspective-taking. In addition, longitudinal designs are essential to document both the potential positive and negative consequences of these children's experiences over the course of their lifetimes.

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Table 1

Means (and Standard Deviations) of Background Characteristics of Families with Disabled and Nondisabled Children

	Children with Disabled Siblings		Children with Nondisabled Siblings	
	Boys (n=17)	Girls (n=14)	Boys (n=17)	Girls (n=14)
Child's Age (in years)	11.4 (1.9)	12.7 (2.1)	11.7 (1.6)	12.5 (1.5)
Sib's Age (in years)	7.0 (2.1)	8.6 (3.3)	7.8 (2.2)	8.2 (2.5)
Number of Children in Family	3.5 (1.5)	2.6 (1.4)	3.5 (1.2)	2.9 (1.7)
Income[1]	2.2 (0.8)	2.2 (.80)	2.3 (.68)	2.2 (.57)
Mothers' Work Hours	13.5 (16.8)	7.2 (12.5)	14.1 (15.3)	20.4 (17.7)
Fathers' Work Hours	48.2 (12.5)	42.5 (18.2)	51.9 (16.5)	44.2 (7.0)

[1] Income was coded in three categories: 1 = ≤ $15,000

2 = > $15,000 < $30,000

3 = ≥ $30,000

Table 2

Measures

I. Home Interviews

A. Sibling Relationship Measures

(1) Sibling Relationship Inventory (SIB) (Shaeffer & Edgerton, 1979)

(2) Relationship Satisfaction

(3) Coping with Sibling Conflict

B. Adjustment Measures

(1) Perceived Competence Scale (Harter, 1982)

(2) Revised Children's Manifest Anxiety Scale (Richmond & Reynolds, 1979)

(3) Childhood Depression Inventory (Kovacs, 1981)

(4) Conners' Parent Rating Scale (Goyette, Conners, & Ulrich, 1978)

C. Measures of Parents' Differential Treatment

(1) Maternal reports of discipline strategies used in resolving sibling conflict (independent reports for behavior toward older and younger sib).

(2) Child's rating of satisfaction with how parents treat self relative to sibling.

II. Telephone Interviews

A. Sibling Activities

Children's reports (using cued-recall procedure) of frequency, duration, and companions in activities with younger sibling including caregiving, play, meals, television, chores, and outings.

B. Chores

Mothers' independent reports of frequency and duration of each of 20 chores performed by older and younger child (e.g., make bed, do dishes, rake or mow lawn, pet care). (Differential treatment calculated by subtracting younger child's chores from older child's chores.)

C. Mother-Child Activities

Mother's independent reports of frequencies and durations of activities with older and younger child including caregiving, play, television, meals, outings, chores, and conversations. (Differential treatment calculated by subtracting activities with younger child from activities with older child.)

Table 3

Measures of Psychological Well-Being[1] of Boys and Girls With Disabled and Nondisabled Siblings

	Children with Disabled Siblings		Children with Nondisabled Siblings		Effects (G=Group) (S=Gender)
	Boys (n=17)	Girls (n=14)	Boys (n=17)	Girls (n=14)	
Conduct Problems	.48	.51	.63	.41	
Depression	5.06	8.71	3.76	4.21	*G
Anxiety	10.18	13.14	6.06	7.29	**G
Perceived Competence:					
General Self-Worth	3.25	2.94	3.24	3.39	*GxS
Social Acceptance	3.07	2.86	3.34	3.34	*G
Cognitive Competence	3.07	2.69	3.14	3.07	
Conduct	2.71	3.04	3.16	3.20	*G

[1]Higher scores represent more problem symptoms on the conduct, depression, and anxiety scales; higher perceived competence scores indicate more positive self-image.

*$p < .05$

**$p < .01$

Table 4

Mean Durations (in minutes) of Children's Recall of

Sibling Activities and Household Chores in Telephone Interviews

	Children with Disabled Siblings		Children with Nondisabled Siblings		
	Boys (n=17)	Girls (n=14)	Boys (n=17)	Girls (n=14)	Effects (G=Group) (S=Sex)
I. SIBLING ACTIVITIES					
Total Duration	159.0	167.7	159.7	157.6	
Duration Caregiving	17.95	25.28	8.50	16.10	**G *S
II. HOUSEHOLD CHORES					
Total Duration	58.9	91.8	44.2	73.4	*G ***S

Correlation between caregiving and anxiety symptoms: $r = .26^{**}$

*$p < .10$

**$p < .05$

***$p < .01$

Table 5

Group Comparisons of Children's and Mothers'

Evaluations of the Sibling Relationship

	Children with Disabled Siblings (n = 31)	Children with Nondisabled Siblings (n = 31)	Effects (G = Group)
I. SIBLING INTERACTIONS			
Hostility			
Child Ratings	2.3	2.7	*G
Maternal Ratings	2.1	2.7	**G
Physical Aggression			
Child Ratings	1.8	2.2	**G
Maternal Ratings	1.2	1.8	**G
II. SATISFACTION RATINGS (by child)[2]			
How Sibs Get Along	7.2	5.8	**G
Overall Satisfaction with Relationship	8.4	7.7	

[1]Rating scale ranges from 1 (never) to 5 (always).

[2]Ratings range from 1 (very unhappy) to 9 (very happy).

*$p < .05$

**$p < .01$

Table 6

Correlations Between Stress and Coping Measures and Indices of Children's Adjustment and Sibling Relationships (N = 62)

	Depression	Anxiety	Self-Worth	Relationship Satisfaction
Coping Strategies:				
(1) Self-Cognitions (try to ignore a problem; counting to ten; planning ways of avoiding future problems)	-.28*	-.19	.14	.37**
(2) Other-Cognitions (think "my brother is a creep" wonder why my sister has to act that way; wonder why my parents don't do something)	.30*	.25*	-.18	-.49**
(3) Self-Behavior (do something like ride a bike or read a book to forget about the problem)	.14	.19	-.01	-.13
(4) Other-Behavior (talk to someone about the problem)	.11	.09	-.15	-.20

*$p < .05$

**$p < .01$

Table 7

Group Comparisons of Measures

of Mother's Differential Treatment

	Disabled		Nondisabled		
	Younger (n=31)	Older (n=31)	Younger (n=31)	Older (n=31)	Effects (G=Group) (S=Status)
(1) Duration of Mother-Child Activities (in minutes)	223.81^{a}	161.45^{b}	164.58^{b}	134.71^{c}	G**, S** GxS**
(2) Children' Household Responsibilities (in minutes)	11.19^{a}	73.76^{b}	33.51^{c}	57.39^{d}	S** GxS**
(3) Maternal Discipline					
Proportion Positive Love	$.27^{a}$	$.30^{b}$	$.31^{b}$	$.31^{b}$	G**, S** GxS**
Proportion Negative Love	$.25^{a}$	$.24^{b}$	$.24^{b}$	$.24^{b}$	GxS**
(4) Children's Ratings of Satisfaction with Parental Treatment (1-9 scale)	---	6.06	---	5.87	NS

*$p < .05$

**$p < .01$

Note: Means with different superscripts signify group differences identified by Tukey HSD follow-up tests.

Table 8

Correlations Between Differential Treatment and

Children's Well-Being and Evaluations of the Sibling Relationships (N = 62)

	Maternal Involvement	Household Responsibilities	Positive Love	Negative Love	Children's Ratings of Satisfaction with Parental Treatment
Anxiety	-.04	.26**	.05	-.16	-.24*
Depression	.21*	.11	.07	-.12	-.41***
General Self-Worth	-.09	.00	-.07	.23*	.11
Overall Satisfaction with Sibling Relationship	-.26**	.21*	.01	.10	.52***

*p < .10

**p < .05

***p < .01

Note: High scores on measures of differential treatment signify that the older children received more such treatment from their mothers.